



**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY ASSURANCE/MEDI-CAL CERTIFICATION SECTION**

MEDI-CAL CERTIFICATION/RE-CERTIFICATION CHECKLIST FOR CONTRACT PROVIDERS

TABLE of CONTENTS for MHP MEDI-CAL CERTIFICATION/RE-CERTIFICATION DOCUMENTS

Page 1	TABLE of CONTENTS for MEDI-CAL CERTIFICATION/RE-CERTIFICATION
Page 2	GUIDE FOR PERTINENT INFORMATION <i>To be completed by provider prior to site visit and placed in the appropriate category (category 1 see page 3)</i>
Page 3	DOCUMENTS for MEDI-CAL CERTIFICATION/RE-CERTIFICATION <i>To assist with the certification process, it is recommended that a binder with requested documents be placed in the categories shown. It is recommended that categories be separated with tabs/dividers.</i>
Page 4 & 5	LAC-DMH POLICIES AND PROCEDURES RELATED TO MEDI-CAL CERTIFICATION/RE-CERTIFICATION <i>To assist with the certification process, it is recommended that LAC-DMH Policies and Procedures be placed in a separate binder. Be sure that the latest version of LAC-DMH policies are provided.</i>
Page 6	PHYSICAL PLANT INSPECTION CHECKLIST <i>List of items that will be checked during the walk-through by the LAC-DMH representative.</i>
Page 7	ADDITIONAL INFORMATION/ RESOURCES
Page 8	STAFF ROSTER FORM <i>This form is optional. Providers may use their own form that incorporates the same elements.</i> <u>Please be prepared to provide copies of staff Licenses/Waivers/Registrations; copies of resumes of unlicensed staff providing service</u>

CONTRACT PROVIDER

GUIDE FOR PERTINENT INFORMATION

Provider#: _____
Provider Name: _____
Address: _____
Direct Phone #: _____
Fax #: _____
Email: _____

Head of Service Name: _____

Contact Number: _____

Fire Clearance Date: _____

Catchment Areas: _____

Days & Hours of Operations: _____

Source of Referrals: _____

Ethnicity of Population Served	Mark "X" to Indicate Languages Spoken by Bilingual Staff:
CAUCASIAN %	_ English _ Spanish _ Other(s):
HISPANIC %	
AFRICAN AMERICAN %	Estimate Age Range of Clients:
ASIAN %	Estimate % of Medi-Cal Clients:
NATIVE AMERICAN %	Estimate Client's Length of Specialty MHS :
OTHER %	Monthly Estimate of Clients served face-to-face:
	Estimate Number of Open Cases:

<u>STAFF PATTERNS DISCIPLINE</u>	<u>TOTAL # FOR EACH DISCIPLINE</u>	<u>TOTAL FTEs FOR EACH DISCIPLINE</u>	<u>% of Field Time FOR EACH DISCIPLINE</u>
Psychiatrist			%
Licensed Psychologist			%
Waivered Psychologist			%
Physician			%
RN			%
NP			%
LCSW			%
ASW			%
MFT			%
MFT Intern			%
LPT			%
LVN			%
*Certified Rehabilitation Professionals			%
MH Rehabilitation Specialist			%
Others			%

List the name(s), address(es), phone number(s) and hours of operation of School-Based Programs (use additional sheet if necessary): Provide a copy of the MOU

**Complete a separate GUIDE FOR PERTINENT INFORMATION form for the following:
Day Treatment Intensive/Day Rehabilitation Program/Satellite Site**

*Occupational Therapist; Recreation Therapist; Music Therapist; Art Therapist; Dance Therapist; Movement Therapist.

CONTRACT PROVIDER

DOCUMENTS FOR MEDI – CAL CERTIFICATION/RE-CERTIFICATION

Please be prepared to provide copies of documents upon request

Category 1: GENERAL PROVIDER INFORMATION, BROCHURES & NOTICES (provide a copy in the following order)

1). Guide For Pertinent Information 2). Brochure of Services 3). Provider's Mission Statement

Category 2: FIRE CLEARANCE (Place copy in this section)

Current fire clearance form signed by Fire Inspector (must document "Fire Clearance")

Category 3: PHYSICAL PLANT (place copy of disaster emergency procedure and evacuation diagram)

Category 4: PROTECTED HEALTH INFORMATION (PHI)-provider's policy on PHI

4 A) Provider's Policy on Protected Health Information and Chart Room Files & Key Control Policy (Provide a policy and procedure delineating how & who has access to client charts. For field services, include a procedure for transportation of charts (if applicable) and a blank copy of a chart log sheet. If on an electronic chart system, provide a description of how it operates and safeguarding of PHI information). **Please have an extra copy for DMH staff to take.**

4 B) Personnel Policies & Procedures: Please have a copy of the Employee Manual to the Certification staff to review onsite. Please have a copy of the employee handbook table of contents for DMH staff to take. Provide evidence to support the agency's compliance of DMH Policy 106.04

4 C) General Operating Procedures (Program description, admission, discharge & referral procedure). Description should include how, when, what and by whom are services provided from the time of admission to discharge. For field services, include a detailed summary of how patient rights materials are offered/ given to clients. **Please have an extra copy for DMH staff to take.**

4 D) Janitorial/Building Maintenance: Written procedure with contact information (person to be notified, phone number, e-mail, etc.) should any type of building maintenance be needed, i.e., plumbing, electrical, etc. include a blank work order if applicable. **Please have an extra copy for DMH staff to take.**

4 E) Written site-specific Service Delivery Policies: Provide a detailed description of how services (*those that are applicable to the provider- **clinic, field based, and/or tele-mental health services***) are delivered. This is the core of the re-certification/ certification. *Please be as detailed as possible---* Targeted Case Management; Mental Health Services-Individual-Group-Collateral; Psychological Testing; Crisis Intervention; Medication Support Services; Therapeutic Behavioral Services. **Please refer to DMH Policy 100.01 as a guide but not to be used as site specific service delivery policy.** **Please have an extra copy for DMH staff to take.**

4 F) Written statement delineating the process of reporting unusual occurrences within 24 - 48 hrs. to DMH relating to health & safety issues (DMH Policy 303.06 may be referenced) **Please provide DMH staff with an extra copy.**

4 G) Physician Availability: Written procedures for referring individuals to a **psychiatrist** when necessary, or to a **physician** if a psychiatrist is not available during & after business hours; include name & coverage hours of MD on & off site. Referral procedure for **medical/physical** conditions (include a medical referral list closest to provider's service area). **Please provide DMH staff with an extra copy.**

Category 5: HEAD OF SERVICE (HOS): Provide copy of current license

5 A) Staffing: Provide a staff roster for each program if applicable

MD license and DEA registration

Unlicensed staff (i.e., Case Worker, MHRS, etc.) updated resume, job description and degree (if applicable)

Licensed staff: professional license

Category 7: MEDICATION SUPPORT SERVICES (Only if medications are stored and/or dispensed). Include information for handling 'samples' expired or discarded medications & medication room key control. Refer to DMH Policy 306.03 as a guide if needed.

CONTRACT PROVIDER

LIST OF LAC-DMH POLICIES

Provide the below LAC-DMH Policies in a separate binder

1.(100) Departmental Administration/Operations

- ☐ 100.01 Service Delivery Definition Policy (10/15/02)

2.(106) Compliance and Ethics

- ☐ 106.01 Compliance Program Communication (12/03/12)
- ☐ 106.04 Contractors Eligibility to Provide Goods & Services under Federally Funded Health Care Programs and to Secure Federally Funded Contracts (03/08/12)
- ☐ 106.05 Fraud, Waste & Abuse Prevention (01/01/07)
- ☐ 106.06 The False Claims Act & Related Laws (11/10/11)
- ☐ 106.08 Graded Sanctions (12/31/12)
- ☐ 106.14 National Provider Identifier (NPI) Requirements (09/01/08)
- ☐ 106.15 Updating & Maintaining National Provider Identifier (NPI) Application Data (06/01/08)

3.(200) Client Services/Patients' Rights

- ☐ 200.01 Advanced Health Care Directive (06/01/04)
- ☐ 200.02 Hearing Impaired MH Access (04/07/10)
- ☐ 200.03 Language Translation and Interpretation Services (02/01/16)
- ☐ 200.08 Procedures for Screening, Treating and Referring Veterans to Ensure Appropriate Services (10/06/08)

4.(300) Clinic Operations

- ☐ 300.01 Client Identification and Address Verification (10/11/11)
- ☐ 300.06 Non-Open Protected Health Information (PHI) File (10/08/10)
- ☐ 301.01 Personal Searches of Individuals Admitted to LPS Designated Facilities (01/24/14)
- ☐ 301.03 Management of Aggressive Client Behavior in Settings without LPS Designation (08/02/12)
- ☐ 302.01 Compliance with DMH Practice Parameters (01/28/14)
- ☐ 302.03 Roles & Responsibilities in the Care of Clients (06/10/11)
- ☐ 302.04 Triage (10/15/10)
- ☐ 302.05 Reporting Alleged Sexual Behavior with Clients (03/01/15)
- ☐ 302.07 Access to Care (05/02/16)
- ☐ 302.08 Child Wellness-Nutrition and Physical Activity (02/02/15)
- ☐ 302.12 Walk-In Services (10/05/15)
- ☐ 303.01 Duty to Warn & Protect Third Parties In Response to A Threat (02/09/15)
- ☐ 303.03 Reporting Suspected Elder/Dependent Abuse and Neglect (10/01/03)
- ☐ 303.05 Reporting Clinical Events Involving Active Clients (07/13/15)
- ☐ 303.06 Reporting Unusual Occurrences to the State Department of Mental Health (05/01/01)
- ☐ 306.01 Prescriptions and Laboratory Services in FCCS (11/08/07)
- ☐ 306.02 Standards for Prescribing & Furnishing of Psychoactive Medications (02/28/11)
- ☐ 306.03 Storing, Administering & Accountability of Medications (02/15/06)
- ☐ 306.05 Prescribed Drugs for Clients of Contractors (03/01/03)
- ☐ 307.01 Persons Authorized to Initiate Involuntary LPS Detention (11/10/11)
- ☐ 307.02 LPS Detention-Contracted & Directly Operated LAC-DMH Programs (11/08/07)

CONTRACT PROVIDER

List of LAC- DMH Policies (Continued)

- ☐ 307.03 LAC Policy for Conditional LPS Authorization (04/01/09)
- ☐ 307.04 Telemental Health Service Provided by LPS Authorized Clinicians (05/25/10)
- ☐ 308.01 The Use of Telepsychiatry (07/07/10)
- ☐ 309.01 Provision of Off-Site Mental Health Services (12/10/12)
- ☐ 310.01 HIV and AIDS Clinical Documentation and Confidentiality (08/01/00)
- ☐ 312.01 Mutual & Unilateral Termination of MH Services (01/24/14)
- ☐ 312.02 Closing of Service Episodes (08/22/11)

5.(400) Quality of Care/Quality Assurance/Clinical Documentation

- ☐ 401.02 Clinical Records Maintenance, Organization & Contents (08/31/15)
- ☐ 401.03 Clinical Documentation for All Payer Sources (01/24/14)

6. (500) Safeguarding for Protected Health Information

- ☐ 508.02 Confidentiality (09/17/15)

7. (1100) Program Support

- ☐ 1100.01 Quality Improvement Program (03/16/15)

CONTRACT PROVIDER

PHYSICAL PLANT INSPECTION CHECKLIST

All Items must be *available* for Medi-Cal beneficiaries view, review and procure in a designated location: view (Head of Service information, patient rights poster etc.), review (Resource directory, directory of providers etc.), and take (pamphlets, grievance forms, change of provider forms, guide to Medi-Cal services booklets etc.) without having to ask a provider staff member.

- ☐ Posted Head of Service sign with name, phone number and agency hours of operation.
- ☐ The LAC-DMH LOCAL MENTAL HEALTH PLAN poster (new version with **12** languages)
- ☐ ADA [Americans with Disabilities Act] notice (Federal mandate compliance)
- ☐ Emergency Disaster Evacuation diagram indicating location of First Aid Kit(s) & fire extinguishers.
- ☐ Suggestion box with paper and pencil available for consumers.
- ★☐ DMH Directory of Providers (must be in lobby area and accessible to clients).
- ★☐ Mental Health Client Resource Directory.

Provide LAC-DMH-Patients' Rights informing materials in the agency's threshold languages only.

- ★☐ GUIDE TO Medi-Cal Mental Health Services booklets.
- ★☐ GRIEVANCE & APPEAL PROCEDURES A CONSUMER'S GUIDE Pamphlet.
- ★☐ BENEFICIARY/CLIENT GRIEVANCE OR APPEAL AND AUTHORIZATION FORM.
- ★☐ Self-addressed envelopes to LAC-DMH Patients' Rights Office.
- ★☐ Copies of REQUEST FOR CHANGE OF PROVIDER (DMH policy #200.05 - Attachment I).
- ★**Field based providers must have a workable procedure to offer these items/information to clients**

General Safety & Security Procedures

- ☐ Safety, security and confidentiality of Medical Records (electronic/ hard copies).
- ☐ Method for disposal and transportation of confidential files (paper shredder/ bin/ locked box).
- ☐ Agency (facility) is clean, sanitary and in good repair (e.g., no frayed electrical cords, no dangling/missing ceiling tiles, no holes in carpet/walls, no uneven flooring, no leaks in bathroom plumbing/hot & cold water, etc.). In children areas, all electrical outlets are covered.
- ☐ Agency's parking lot, building entrance & bathroom is wheelchair accessible.
- ☐ All offices/rooms are free from clutter.
- ☐ Fire Extinguisher(s) tags are present and up to date.
- ☐ First Aid Kits- (if available, ***not required***).
- ☐ **Consumers'** storage area/refrigerator for food items must have a thermostat with temperature log (if applicable).

Medication Room (if applicable)

- ☐ Medication key accessible only to authorized medical personnel.
- ☐ A copy of provider's site-specific and LAC-DMH medication policies & procedures must be kept in the medication room.
- ☐ Internal/external use-only medications are stored separately.
- ☐ All medications are clearly labeled and stored in a locked area accessible to *authorized medical personnel only*.
- ☐ Opened IM multi-dose vials (must be clearly dated and initialed).
- ☐ Refrigerator temperature is between 36°- 46°F with daily temperature documented on log.
- ☐ Ambient temperature in Medication Room is between 59°-86°F with daily temperature documented on log.
- ☐ Follow pharmaceutical samples procedures as per LAC-DMH policy #306.03.
- ☐ Logs documenting administered/dispensed/ medications to clients.
- ☐ Logs documenting disposed/expired/unused medications and method of disposal.

CONTRACT PROVIDER

MEDI – CAL CERTIFICATION/RE-CERTIFICATION POSTED BROCHURES & NOTICES

Field based providers must have a workable procedure to offer the below items/information to clients.

Designate one specific location in clients' waiting area to display informing material listed below in English including agency's threshold languages for targeted population served:

- The LAC-DMH Local Mental Health Plan Poster (newest version: 12 threshold languages)
- Guide to Medi-Cal Mental Health Services Booklet (MH630)
- Grievance & Appeal Procedures A Consumer's Guide Pamphlet (MH638)
- Beneficiary/Client Grievance or Appeal and Authorization Form (MH558)
- Self-addressed envelopes to LAC-DMH Patients' Rights Office
- Mental Health Client Resource Directory (April 2009)
- Provider Directory by Service Areas <http://psbqi.dmh.lacounty.gov/data.htm>
- Request for Change of Provider forms (see LAC-DMH policy #200.05 - attachment I)

For the above materials go to:

http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/admin_info?1dmy&page=dept.lac.dmh.home.admin_tools.admin_detail.hidden&urile=wcm%3apath%3a/dmh+content/dmh+site/home/administrative+tools/administrative+tools+detail/patients_rights_office

For further questions contact: Patients' Rights Office – Beneficiary Program (213) 738-2524 or (213) 738-4949.

Please note:

All items must be available in a designated location for the Medi-Cal beneficiaries to review (Resource directory, directory of providers, etc.) and to take (pamphlets, grievance forms, change of provider forms, guide to Medi-Cal services booklets, etc.) without having to ask a provider staff member.

POLICIES & PROCEDURES FOR CONTRACT PROVIDERS:

To access Policies and Procedures online, go to DMH website
<http://lacdmh.lacounty.gov/policy/Contractors/index.htm>

For any questions please contact the Certification liaison or supervisor assigned to your service area:

SPA 1&6 : Iling Wang, MHC- RN	(213) 251-6805	Email: ilwang@dmh.lacounty.gov
SPA 2&5 : Belinda Ankrah, MHC-RN	(213) 251-6880	Email: bankrah@dmh.lacounty.gov
SPA 3&4: Elizabeth Townsend, MHC- RN	(213) 251-6820	Email: etownsend@dmh.lacounty.gov
SPA 7&8: Joel Solis, MHC- RN	(213) 251-6883	Email: jsolis@dmh.lacounty.gov

Supervisors:

SPA 1,6,7&8: Thang Nguyen, Sr. MHC-RN	(213) 251-6846	Email: tdnguyen@dmh.lacounty.gov
SPA 2,3,4&5: Elizabeth Pak, LCSW	(213) 251-6813	Email: epak@dmh.lacounty.gov

Certification Program Head:

Norma Cano, Psy.D.	(213) 251-6886	Email: ncano@dmh.lacounty.gov
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PFAR Mailbox: psbmccertification@dmh.lacounty.gov

Certification Questions: QA@dmh.lacounty.gov

Provider Name: _____

Provider Number: _____

Staff Roster

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